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## FAX TRANSMISSION

**DATE:** November 6, 2006

**PTO IDENTIFIER:** Application Number 10/050,034  
Patent Number

**Inventor:** Jan SIMAL

**MESSAGE TO:** US Patent and Trademark Office

**FAX NUMBER:** (571) 273-8300

**FROM:** MORRISON & FOERSTER LLP

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**PAGES (Including Cover Sheet):** 2 / 0

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PTO/SB/97 (09-04)

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Application No. (if known): 10/050,034

Attorney Docket No.: 449122020600

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<i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		<b>Complete if Known</b>	
<b>Fee TRANSMITTAL</b> <b>For FY 2006</b>		Application Number	10/050,034
		Filing Date	January 17, 2002
		First Named Inventor	Jan SIMAL
		Examiner Name	M. Thier
		Art Unit	2617
TOTAL AMOUNT OF PAYMENT	(\$ 910.00)	Attorney Docket No.	449122020600

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		<b>Fees Paid (\$)</b>
	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>
	50	25
Each independent claim over 3 (including Reissues)	200	100

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
16	- 20 = 0	x	=	Fee (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	- 3 = 0	x	=

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

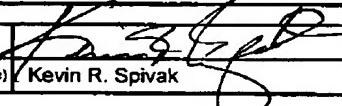
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 =	/50 (round up to a whole number) x	_____	_____ =

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within second month 120.00  
1801 Request for continued examination (RCE) (see 37 ... 790.00)

<b>SUBMITTED BY</b>		Registration No. (Attorney/Agent)	43,148	Telephone	(703) 760-7762
Signature		Name (Print/Type)	Kevin R. Spivak	Date	November 6, 2006

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